



CG-CCA CANDIDATE'S COMMITTEE APPLICATION

State Form 00000

INDIANA GAMING COMMISSION

For Official Use Only

License Fee Paid _____

Date Received _____

Reviewed By _____

Date Entered _____

Date Keyed _____

INSTRUCTIONS: If the application is incomplete, it may be returned and processing will be delayed. Attach additional sheets if necessary. Allow 4-6 weeks for processing.

| | | | |
|---|---------------|---|--------|
| 1. Name of Candidate (Please Type or Print) | | 2. Daytime Telephone Number () | |
| 3. Street Address of Candidate (Required) | | 4. P.O. Box Number (if applicable) | |
| City | State | Zip Code | County |
| Contact Name | Email address | Contact's Daytime Telephone Number () | |

5. Attach a copy of the candidate's Form CFA-1 filed with the Secretary of State's Election Division

6. Number of active members. _____

7. On what date and during what hours will your event be conducted? (a.m. establishes the midnight hour, p.m. establishes the noon hour.) (An allowable event must begin and end within a period of twenty-four (24) consecutive hours.) Date _____ Hours _____ M to _____ M

7a. Will you be conducting a door prize drawing at this event? Yes ☐ No ☐

8. Street address of the facility where the event will be conducted.

| | | | | |
|------|-------|----------|--------|---------------------------------|
| City | State | Zip Code | County | Daytime Telephone Number () |
|------|-------|----------|--------|---------------------------------|

9. Total value of all prizes to be awarded: \$ _____

Own/Lease/Donation Information

10. Does your organization own _____, lease (rent) _____, or use a donated _____ facility where the licensed event will be conducted? (Check one)
If leased (rented) or donated, enter name and address of lessor or donor **and** attach a copy of your signed lease or donation agreement.

| | | | | |
|--|-------|----------|---------|---------------------------------|
| Name of Lessor/Donor (Full legal name) | | | Address | |
| City | State | Zip Code | County | Daytime Telephone Number () |

Operator Information

11. Please list three (3) or more operators who will supervise, manage, and be responsible for the operation and conduct of the gaming event. Operators must be members of the candidate's staff or volunteer members of the candidate's committee. Attach additional sheets if necessary. Please type or print.

| Full Legal Name | Home Address Street, City, State, Zip Code | Date of Birth | Daytime Telephone Number |
|-----------------|---|---------------|--------------------------|
| | | | () |
| | | | () |
| | | | () |

12. Please list the name from Line 11 of the **principal operator** who has overall responsibility for the operation and control of this charity gaming event. Please type or print.
X _____

Worker Information

13. List all individuals who will assist and work in the operation of the licensed event. Workers must be members of the candidate's staff or volunteer members of the candidate's committee who are not listed as operators on Line 11. Attach additional sheets if necessary. Please type or print.

| Full Legal Name | Home Address Street, City, State, Zip Code | Date of Birth | Daytime Telephone Number |
|-----------------|---|---------------|--------------------------|
| | | | |
| | | | |

14. Have any operators/workers listed on this form or on any additional sheets been convicted of a felony within the last 10 years in any jurisdiction?

Yes ☐ No ☐ If you answered "Yes" list each name, type and date of conviction, and jurisdiction/court. Attach additional sheets if necessary.

Gross Retail Sales Information

15. Will you be conducting any type of retail sales during the licensed event? (*Check one*)

Yes* ☐

No ☐

(Example: concessions, T-shirts, hat, snacks, etc.)

*If you answered "Yes" complete the following information. If the seller is required to have a Retail Merchant Certificate, enter that number in the box provided

Name of organization offering the sales

Retail Merchant Certificate Number

16. Which of the following will your organization be receiving? (*Check one*)

_____ All of the retail sales income

_____ A flat fee retail sales payment

_____ A percent of the retail sales income

_____ (Other) _____

Manufacturer and Distributor Information

17. List the manufacturer(s) and/or distributor(s) you intend to purchase licensed supplies from.

Attach additional sheets if necessary.

| Name | Address | City | State | Zip Code | Items |
|------|---------|------|-------|----------|-------|
| | | | | | |

Financial Information

18. Where will the charity gaming financial records be maintained?

Address

City

State

Zip Code

19. Name, address, and telephone number of the person maintaining these records.

Full Legal Name

Address

City

State

Zip Code

Daytime Telephone Number
()

20. List the organization's separate and segregated charity gaming checking account information

Name of Bank

Street Address

City

State

Zip Code

Name of Separate and Segregated Charity Gaming Checking Account

Account Number

License Fee Information

21. The license fee for your first event is \$50.00. However, if the total value of all prizes is one thousand (\$1,000) dollars or less, no fee is due. All subsequent license fees will be based on the adjusted gross receipts from the **last event of the same type**. You will find this license fee amount on page 3 item #4 of the Indiana Charity Gaming Single Event Financial Report, Form CG-9. The fee should be paid by check drawn from your **separate and segregated Charity Gaming checking account**. Make your check payable to: **Indiana Gaming Commission**. Do not send cash.

Certification

22. We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).

Signature of Candidate

Print Name

County of Residence

Telephone No.

Date

Signature of Candidate's Secretary

Print Name

County of Residence

Telephone No.

Date

Send this application and appropriate fee to:

Indiana Gaming Commission, Charity Gaming Division
101 W. Washington St., East Tower, Suite 1600
Indianapolis, IN 46204 Phone: (317) 232-4646